

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	MA		8/9/02
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	NAD		8/9/01
FORMALITY REVIEW	ST	1021	09/05/01
RESPONSE FORMALITY REVIEW	MJ	JCR	11/17/01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral).... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

BEST AVAILABLE COPY

Claim	Date
Final	Original
9	11 3 10 4
10	18 7 11 3 5
11	02 03 03 04
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
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42	✓
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44	✓
45	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	Original
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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14-01